

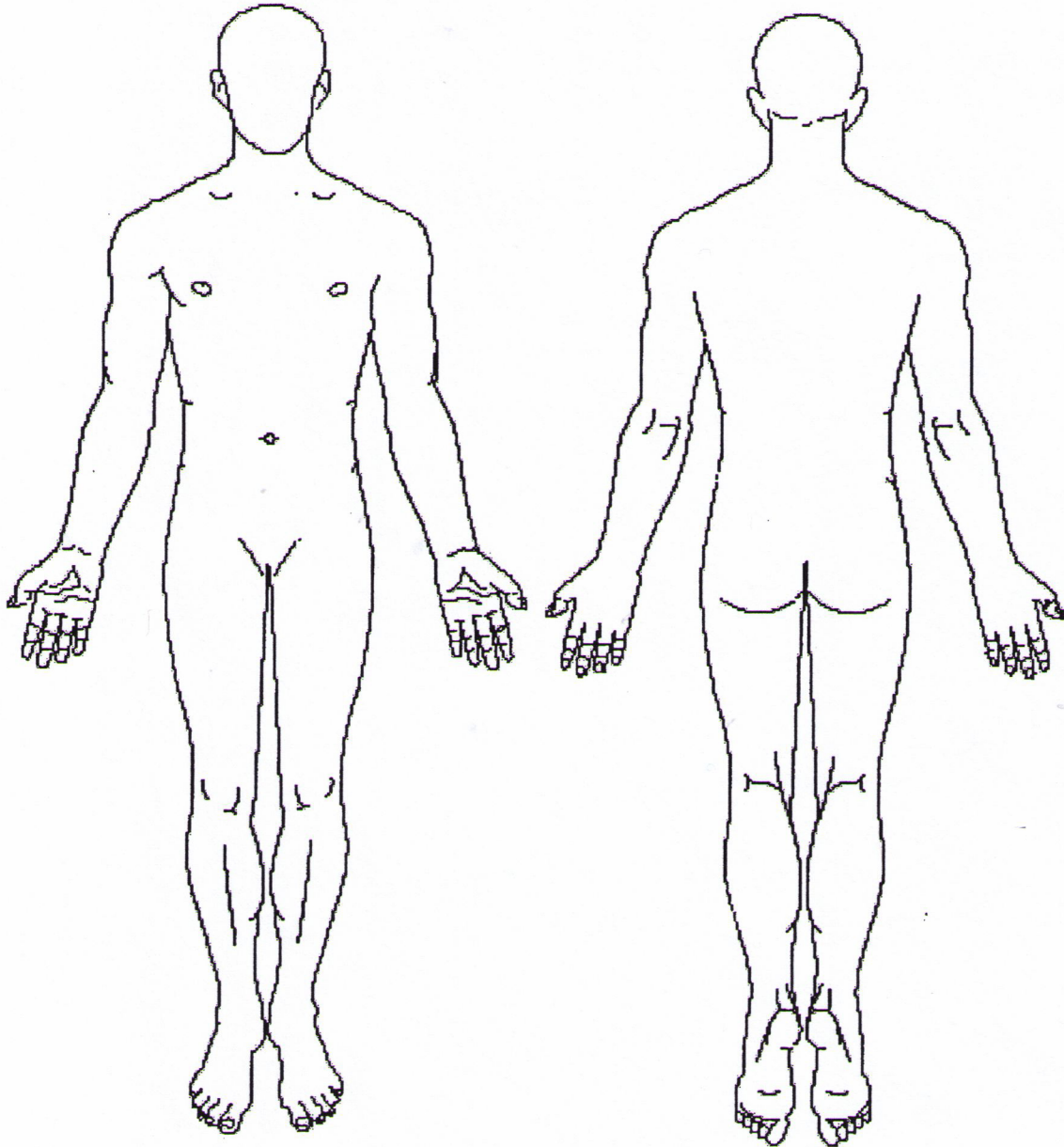
# PAIN DRAWING

Patient Name: \_\_\_\_\_  
Attending Dr.: \_\_\_\_\_

Date: \_\_\_\_\_

Using the letters below, mark the areas on your body where you feel the described sensations. Include all affected areas. Please complete the picture by drawing your face.

A = Ache      B = Burning      N = Numbness      P = Pins & Needles      S = Stabbing



Patient Signature: \_\_\_\_\_  
Date: \_\_\_\_\_